

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968328	(X3) DATE SURVEY COMPLETED 07/07/2014
NAME OF PROVIDER OR SUPPLIER Velrose Assisted Living Facility II	STREET ADDRESS, CITY, STATE, ZIP CODE 4665 Hidden Lakes Place Melbourne, FL 32934	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Biennial Re-licensure Survey was conducted at Velrose Assisted Living Facility on 07/07/2014 there were no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 14, 2014

Administrator
Velrose Assisted Living Facility II
4665 Hidden Lakes Place
Melbourne, FL 32934

RE: Biennial relicensure

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 7, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

